## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09773352

| CLAIMS AS FILED - PART I (Column 1)   |  |   |              |                               | (Column 2)                   |                  |                     | SMALL ENTITY TYPE   |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|--------------|-------------------------------|------------------------------|------------------|---------------------|---------------------|------------------------|--------|-------------------------------|------------------------|
| ТО  | TAL CLAIMS                               | 20  |              | -                             |                              |                  | [                   | RATE                | FEE                    |        | RATE                          | FEE                    |
| FO  | R  |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  |                     | BASIC FEE           | 355.00                 | OR     | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS 20 minus  |  |   |              |                               | • 6                          | 9                |                     | X\$ 9=              |                        | OR     | X\$18=                        | <u> </u>               |
| INDEPENDENT CLAIMS \$\frac{7}{2}\$ minus 3 =  |  |   |              |                               | * O                          |                  |                     | X40=                |                        | OR     | X80=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                               |                              |                  |                     | +135=               |                        | OR     | +270=/                        |                        |
| * If the difference in column 1 is less than zero, enter  |  |   |              |                               |                              | olumn 2          | I                   | TOTAL               | 775                    | OR     | TOTAL                         |                        |
| CLAIMS AS AMENDED - PAR   |  |   |              |                               | T II                         |                  |                     |                     | رري                    | , 0, , | OTHER                         | THAN                   |
|   |  | (Column 1)                                |              | (Colu                         |                              | (Column 3)       |                     | SMALL               | ENTITY                 | OR     | SMALL                         | B                      |
| ENT A   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total                                    | *   | Minus        | **                            |                              | =                |                     | X\$ 9=              |                        | OR     | X\$18=                        |                        |
| AME   | Independent                              | TATION OF M                               | Minus        | ***                           |                              | =                |                     | X40=                |                        | OR     | X80=                          |                        |
|   | FIRST PRESE                              | NTATION OF IM                             | I            | ENDEN                         | CLAIM                        |                  | •                   | +135=               |                        | OR     | +270=                         |                        |
|   |  |   | •            |                               |                              |                  | L                   | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |
|   | , <b>f</b>                               | (Column 1)                                |              | (Colu                         | mn 2)                        | (Column 3)       |                     | ADDII. FEE J        |                        |        | ADDI1.1 CC                    |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | . 23                                      | Minus        | ** 0                          |                              | = 3              |                     | X\$ 9=              |                        | OR     | X\$18=                        |                        |
|   | Independent                              | NTATION OF M                              | Minus        | PENDEN                        | TCLAIM                       | = [              | ┨┃                  | X40=                |                        | OR     | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                               |                              |                  | <b>ا</b> د          | +135=               |                        | OR     | +270=                         |                        |
|   |  |   |              |                               |                              |                  |                     | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |              |                               | mn 2)                        | (Column 3)       |                     |                     |                        |        |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | H                   | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | . 8                                       | Minus        | - 9                           | 10                           | =                | ] ]                 | X\$ 9=              |                        | OR     | X\$18=                        |                        |
|   | Independent                              | NTATION OF M                              | Minus        | PENIDEN                       | 3<br>TCLAIM                  | =                | $\  \ $             | X40=                |                        | OR     | X80=                          |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |              |                               | / 3                          | 0/0              | ╸                   | +135=               |                        | OR     | +270=                         |                        |
| '``f the entry in column 1 is less than the entry in column 2, white "o" in co<br>" If the "Highest Number Previously Paid For" IN THIS SPACE is less tha |  |   |              |                               |                              | <b>ا</b><br>ر".  | TOTAL<br>ADDIT. FEE |                     | OR                     | TOTAL  |                               |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in col                                 |  |   |              |                               |                              |                  |                     |                     | ADDIT. FEE<br>lumn 1.  |        |                               |                        |
| FORM PTO-875  |  |   |              |                               | 20/2                         | 77               | Patr                | ent and Trader      | nark Office 11         | S. DFI | PARTMENT OF                   | COMMERCE               |
| (Rev.   | <del>8</del> 700) /                      | <u>ل</u>                                  |              |                               | 10                           | 10               | , 611               | S. Tadel            | Oille, O               |        |                               | 3 5 NEI 10 E           |

**Application or Docket Number** 

0G7777

## PATENT APPLICATION FEE DETERMINATION RECORD

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| Effective October 1, 2000  |   |   |                      |                              |                         |                  |   |                     |                        |    |                            |                        |
|--|---|---|----------------------|------------------------------|-------------------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                      |                              |                         |                  |   | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS   |   |   | a.o                  |                              |                         |                  | 1 | RATE                | FEE                    |    | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED         |                              | NUMBER EXTRA            |                  |   | BASIC FEE           | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | ၂ <i>0</i> minus 20= |                              | *                       |                  |   | X\$ 9=              |                        | OR | X\$18=                     |                        |
| IND  | EPENDENT CL   | AIMS                                      | 3 minus 3 =          |                              | *                       |                  |   | X40=                |                        | OR | X80=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                      |                              |                         |                  |   | +135=               |                        | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                      |                              |                         |                  |   |                     | <u> ჯ</u> უქ.შ¢        | }  | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |   |   |                      |                              |                         |                  |   | OTHER THA           |                        |    |                            |                        |
|  | (Column 1) (Column 2) (Column 3)  |   |                      |                              |                         |                  |   | SMALL               |                        | OR | SMALL                      |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY            | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total   | · 20                                      | Minus                | **                           |                         | = /              |   | X\$ 9=              | 1                      | OR | X\$18=                     | <i>f</i>               |
| AME  | Independent   | · 3                                       | Minus                | ***                          | T CLAIM                 | = /              |   | X40=                |                        | OR | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                      |                              |                         |                  |   | +135=               |                        | OR | +270=                      |                        |
|  |   |   |                      |                              |                         |                  |   | TOTAL<br>ADDIT. FEE | /                      | OR | TOTAL<br>ADDIT. FEE        | ĺ                      |
|  | (Column 1) (Column 2) (Column 3   |   |                      |                              |                         |                  |   |                     | L_                     |    | AUDIT. FEE                 |                        |
| <u></u>  |   | CLAIMS                                    |                      | HIG                          | HEST                    |                  | 1 |                     | ADDI-                  | 1  |                            | ADDI-                  |
| N  | ,   | REMAINING<br>AFTER<br>AMENDMENT           | o                    | PREV                         | MBER<br>IOUSLY<br>FOR   | PRESENT          |   | RATE                | TIONAL<br>FEE          |    | RATE                       | TIONAL<br>FEE          |
| AMENDMENT B  | Total   | *   | Minus                | **                           |                         | =                |   | X\$ 9=              |                        | OR | X\$18=                     | ,                      |
| ME   | Independent   | *   | Minus                | ***                          |                         | = -              |   | X40=                |                        | OR | X80=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                      |                              |                         |                  | J | .405                |                        | 1  | . 270                      |                        |
|  |   |   |                      |                              |                         |                  |   | +135=<br>TOTAL      |                        | OR | +270=<br>TOTAL             |                        |
|  |   |   |                      |                              |                         |                  |   | ADDIT. FEE          |                        | OR | ADDIT. FEE                 |                        |
| ا  | (Column 1) (Column 2) (Column 3)  |   |                      |                              |                         |                  | 4 |                     |                        | •  |                            | <b>,</b>               |
| AMENDMENT C  | g   | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUI<br>PREV                  | MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NOW N  | Total   | . 8                                       | Minus                | E                            | BO                      | =                |   | X\$ 9=              |                        | OR | X\$18=                     |                        |
| AME  | Independent   | NTATION OF M                              | Minus                | ***                          | IT CLAIM                | =                | - | X40=                |                        | OR | X80=                       |                        |
| -  | THIST PHESE   | ENTATION OF N                             | IOLITELE DEI         | רואטבו                       | II CLAIM                |                  | J | +135=               |                        | OR | +270=                      |                        |
|  | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20</li> </ul> |   |                      |                              |                         |                  |   | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |